## 2010 PETROLEUM PRODUCTS VENDOR REGISTRATION

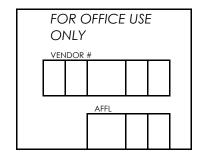
STATE OF CONNECTICUT - OFFICE OF POLICY & MANAGEMENT POLICY DEVELOPMENT and PLANNING DIVISION

MS#52ENR

450 CAPITOL AVE.

HARTFORD, CT 06106-1379

Tel.: (860) 418-6232 Fax: (860) 418-6495



Who must file: Any person engaged in the wholesale or retail sale, or both, of petroleum products in this state or any person engaged in the wholesale sale of petroleum products for consumption in this state and who sells at least one million total gallons of such products annually or any person engaged in the operation of a petroleum product storage terminal shall register with the secretary not later than September thirtieth of each year or within thirty days of commencing operations in the state by such person. Note: Vendors who only sell retail gasoline need not register.

IF YOU THINK THAT YOU DO NOT HAVE TO REGISTER, FILL OUT SECTION I, CHECK THE APPROPRIATE BOXES BELOW SIGNIFYING WHY YOU SHOULD NOT HAVE TO REGISTER, SIGN THE REGISTRATION ON PAGE 6, AND RETURN THE FORM TO THE ABOVE ADDRESS.

ANY PERSON REQUIRED TO REGISTER WHO FAILS TO DO SO BY SEPTEMBER 30, 2010, IN

ACCORDANCE WITH CGS 16a-22d THROUGH 22g, SHALL BE SUBJECT TO PENALTIES.

FILING DEADLINE IS SEPTEMBER 30, 2010

## **SECTION I: REGISTRANT INFORMATION**

**PURCHASER** 

This section must be completed. Print or type the registrant's legal business name and mailing address. A contact person must be listed in the event that we need to contact you concerning this form. Also, fill in the registrant's federal employee identification number or owner's social security number as applicable.

LEGAL BUSINESS NAM	ME OF VENDOR			E-MAIL ADDRESS
BUSINESS MAILING ADD	DRESS - Number & Stree	et and/or P.O. Box		
CITY OR TOWN		STATE	ZIP CODE (Include Plus	4 if known)
BUSINESS PHONE NUMB	BER	BUSINESS FAX	NUMBER	<del>-</del>
CONTACT PERSON - La	st name	First name		<del>-</del>
FEDERAL EMPLOYER IDE	INTIFICATION NUMBER	(FEIN) OR	SOCIAL SECURITY	NUMBER OF OWNER
TYPE OF BUSINESS (Che	eck only one) Partnership	CORPORATION OTHER	EXPLAIN	SOLE PROPRIETORSHIP
	IE MILLION TOTAL G OPERATE A PETROLI	allons <u>and</u>	OTHER	
PLACE AN 'X' HERE	IF YOU ARE NO L	ONGER IN BUSINESS		
DATE ON W	VHICH YOU CEASED	OPERATIONS:		
IF APPLICA NAME OF PURCHASER ADDRESS OF PURCHASER CITY, STATE, ZIP OF	BLE, NAME AND ADI	DRESS OF PURCHASER	OF REGISTRANT'S ASSET	S:

SECTION II: COMPANY OFFICERS AND OWNERS

This sect		ompleted. List the name	s of all officers and owners	. Attach additio	onal pages if	
01						
	LAST NAME		FIRST NAME		TITLE	
02	LAST NAME		FIRST NAME		TITLE	
03	L/ (O) TV/ (IVIL		THOST TO TOTAL		IIILL	
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	LAST NAME		FIRST NAME		TITLE	
Attach o	nadditional pag  NAME:  ADDRESS:				FOR OFFICE USE	ONLY
	CITY/TOWN:			STATE:	ZIP CODE:	
	PHONE:			317 (IE	FOR OFFICE USE	ONLY
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02	NAME:					
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10 PE	TROLEUM P	RODUCTS VEN	IDOR REGISTRAT	ION		PAGE
CTIO	N IV: AFFIL	IATE INFORMA	ATION			
PI	ACE AN 'Y' IN	THE APPROPRIA	TE ROYES RELOW IE	ANY OF THE FOLLOW	ING RELATIONSHIPS E	XIST BETWEEN THE REGISTRAN
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Α				or in part, by anothe		
В	_			d/or owners in comr		
С				ment in common w	<u> </u>	
D			·	tions and/or joint ve		er company
E	The registr	ant's activities	are controlled b	y another company		
HE R	EGISTRANT H	IAS ANY OF THE	ABOVE RELATION	ISHIPS WITH OTHER E	BUSINESS ENTITIES TH	HAT SELL
ROLE	UM PRODUC	CTS OR ENGAGE	IN THE OPERATIO	ON OF A PETROLEUM	PRODUCT TERMINA	.L
CON	NECTICUT, LI	ST THE NAMES	AND ADDRESSES C	OF ALL SUCH		
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			OR AFFILIATED CO	MPANIES WHO SELL	ONLY GASOLINE AT	
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SECTION V: SA	LES O	F PETRO	LEUM	PROD	UCTS	-												
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<b>"</b>																		
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(NO. 1-D, NO. 2-E	2)														+-+		+	_
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#6 FUEL OIL																		
(RESIDUAL FUEL)																		
LPG																		
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GASOLINE																		
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2010 PETROLEUM PR	ODUCTS VENDOR REGIST	RATION			PAGE 5
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STORAGE LOCATION	N (1)	STORA	GE LOCATIO	N (2)	
STREET & NO.	CITY/TOWN	STREET	& NO.	CITY/TOW	N
TYPES OF FUEL STORED		TYPES C	OF FUEL STORE	D	
OPERATING CAPACITY	OF TANK (GALS)	OPERA	TING CAPACIT	Y OF TANK (GALS)	
		Ai	tach additio	nal pages if nece	essary.
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CITY/TOWN		STATE	ZIP CODE	PHONE #	
PRODUCT(S) PURCHASE	ED ED				
02 NAME OF SUPPLIER				FOR OFFIC	E USE ONLY
ADDRESS OF SUPPLIER					
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